

## **EXHIBIT H**

P.O. Box 60303  
New Orleans, LA 70160-0303

DONNA R DUPELL-MATHEWS

June 6, 2006

[REDACTED]  
CALISTOGA CA 94515

Insured: Donna R Dupell-Mathews  
Policy Number: 0012577580  
Due Date: 07/06/2006  
Billing Mode: Monthly

Premium Due: \$46.20  
Total Due: \$46.20

Health Or Disability

**PREMIUM NOTICE**

For Service, please call toll free at 1-877-939-4550.

**RETURN THIS PORTION OF THE NOTICE WITH YOUR REMITTANCE**

**PAN AMERICAN LIFE**  
P.O. Box 60303  
New Orleans, LA 70160-0303

DONNA R DUPELL-MATHEWS  
26 VIEW RD  
CALISTOGA CA 94515

Insured: Donna R Dupell-Mathews  
Policy Number: 0012577580  
Due Date: 07/06/2006  
Total Due: \$46.20

I wish to change my next mode of premium payment to:

☐ Monthly (Pre-Authorized Withdrawals) ☐ Quarterly (3 Mos) ☐ Semi-Annually (6 Mos) ☐ Annually (12 Mos)

M358

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P.O. Box 60303  
New Orleans, LA 70160-0303

DONNA R DUPELL-MATHEWS

CALISTOGA CA 94515

June 6, 2006

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Pell  
Mathews

Insured: Donna R Dupell-Mathews  
Policy Number: 0012857640  
Due Date: 07/06/2006  
Billing Mode: Monthly

Premium Due: \$59.07  
Total Due: \$59.07

Health Or Disability

**PREMIUM NOTICE**

For Service, please call toll free at 1-877-939-4550.

**RETURN THIS PORTION OF THE NOTICE WITH YOUR REMITTANCE**

**PAN  
AMERICAN  
LIFE**  
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New Orleans, LA 70160-0303

DONNA R DUPELL-MATHEWS  
26 VIEW RD  
CALISTOGA CA 94515

Insured: Donna R Dupell-Mathews  
Policy Number: 0012857640  
Duc Date: 07/06/2006  
Total Due: \$59.07

I wish to change my next mode of premium payment to:

☐ Monthly (Pre-Authorized Withdrawals) ☐ Quarterly (3 Mos) ☐ Semi-Annually (6 Mos) ☐ Annually (12 Mos)

M359

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